## Standard Form 171-A -- Continuation Sheet for SF 171

? Attach all SF 171-A's to your application at the top of page 3.

1. Name (Last, First, Middle Initial)

Electronic Form Approved 06/24/94(VB) Form Approved: OMB No. 3206-0012

3. Job	Title or Announcement Numl	4. Date Completed (MM/DD/YY)									
ADDI <sup>*</sup>	TIONAL WORK EXPER	IENCE E	BLOCKS								
	Name and address of employer's organization (include ZIP Code, if known)				Dates employed (give MM/DD/YY)  From: To:			Average number of hours per week	Number of employees you supervise		
		Salary or earnings				Your reason for wanting to leave					
					Starting\$ per						
		Ending	ling \$ per								
	Your immediate supervisor Name					mployment <i>(civilian or military)</i> list series, grade or f promoted in this job, the date of your last promotion					
	escription of work: Describe yo lescribe more than one type of wo										

2. Social Security Number

For Agency Use (skill codes, etc.)

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Standard Form 171-A (Rev. 6-88) U.S. Office of Personnel Management FPM Chapter 295

FILE CODE: PE-20-12 RETENTION: CHR/CF = 2 YRS; OTHERS = A

## Standard Form 171-A -- Continuation Sheet for SF 171

Na	Name and address of employer's organization (incl. ZIP Code, if known)			Dates employed	Dates employed (give MM/DD/YY)			Number of employees you supervise	
_				From:	To:				
		Salary or earnings			Your reason for wanting to leave				
				Starting\$	Starting\$ per				
				Ending \$	ре	er			
Yo	Your immediate supervisor Ex			Exact title of your job	act title of your job If Federal emp			loyment (civilian or military) list series, grade or	
Na	ame	Area Code	Telephone No.			rank, and, if pr	omoted in this job, the da	te of your last promotion	
	escription of work: Describe you escribe more than one type of wo								

For Agency Use (skill codes, etc.)

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## Standard Form 171-A -- Continuation Sheet for SF 171

? Attach all SF 171-A's to your application at the top of page 3.

1. Name (Last, First, Middle Initial)

2. Social Security Number

3. Job Title or Announcement Number You Are Applying For

4. Date Completed

DDITIONAL WORK EXPER  Name and address of employer's or  known)		Dates employ	ed (give month, day, and ye	ear) Average number of hours per week	Number of employees you supervise	
_		From:	То:			
		Salary or earr	nings	Your reason for wantir	Your reason for wanting to leave	
		Starting\$	per			
		Ending \$	per			
Your immediate supervisor Name	Area Code Telephone No.	Exact title of your		al employment <i>(civilian or milita</i> id, if promoted in this job, the da		

**Description of work:** Describe your specific duties, responsibilities and accomplishments in this job, **including** the job title(s) of any employees you supervise. *If you describe more than one type of work (for example, carpentry, painting, or personnel and budget), write the approximate percentage of time you spent doing each.* 

For Agency Use (skill codes, etc.)

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